

MINUTES

Patient-Centered Health Advisory Council

Urbandale Public Library
Friday, February 19th, 2016
9:30 – 4:00

Members Present

Chris Atchison
Melissa Bernhardt
Charles Bruner
Anna Coppola
Chris Espersen
Kady Hodges
Petra Lamfers
Leah McWilliams
Linda Meyers
Patty Quinlisk
Trina Radske-Suchan
Peter Reiter
John Swegle (Anthony Pudlo)
Bill Stumpf
John Stites

Members Absent

David Carlyle
Marsha Collins
Anne Hytrek
Tom Newton
Susan Pike
Dave Smith

Others Present

Abby Less
Amy Campbell
Amy Muhlenbruck
Angie Doyle Scar
Brandon Geib
Bryan Dempsey
Carlin Osborn
Cat Anderson
Chris Bell
Deb Kazmerzak
Elizabeth McChesney
Erica Carrick
Frann Otte
Gloria Symons
Gretchen Hageman
Jeneane Moody
Janet Beaman
Jason Kessler
Jennifer Walters
James McManaman
John Hedgecoth
Judith Collins
Kala Shipley
Karilynne Lenning
Katie Jones
Kelley Pennington
Kelli Todd
Kelsey Clark
Kelsey Zantingh
Kyle Carlson
Lesley Christensen
Leslie Schechtman
Lindsay Buechel
Lynzey Kenworthy
Lynh Patterson
Marni Bussell
Mary Mincer Hansen
Meg Harris
Meredith Heckmann
Molly Lopez
Nancy Lind
Patty Funaro
Sadie Gasparotto
Sandi Hurtado-Peters
Sarah Dixon Gale
Stacy Jobes
Stephanie Trusty
Sylvia Petersen
Tina Gordinier
Tracy Rodgers
Victoria Brenton

Meeting Materials

- [Agenda](#)
- [Iowa DHS- Medicaid Modernization PPT](#)
- [United Healthcare PPT](#)
- [AmeriHealth Caritas Iowa PPT](#)
- [Amerigroup Iowa PPT](#)
- [VNS \(Visiting Nurse Services\) of Iowa PPT](#)
- [VNS PCP Patient Handout](#)
- [VNS Sample MCO Card Guide - Members](#)
- [VNS Sample MCO Card Guide - Providers](#)
- [Impact of MCO on *hawk-i* Population PPT](#)
- [Dental Wellness Plan PPT](#)
- [Iowa's Managed Care Ombudsman Program PPT](#)

Topic	Discussion
<p>Iowa Medicaid Modernization</p> <p><i>Lindsay Buechel</i></p> <p>PowerPoint: Iowa DHS- Medicaid Modernization PPT</p>	<ul style="list-style-type: none"> DHS has contracted with following three bidders for Governor Branstad's Medicaid Modernization initiative: <ul style="list-style-type: none"> Amerigroup Iowa, Inc. AmeriHealth Caritas Iowa, Inc. UnitedHealthcare Plan of River Valley, Inc. All 3 Managed Care Organizations (MCOs) are required to provide services statewide. DHS has created a Managed Care Bureau and is onboarding additional staff to support the initiative. Two staff will be fully dedicated to oversight of quality outcomes, one staff for each MCO, and specific staff assigned to oversee enrollment broker, actuary, and other support contracts. On February 23, the Centers for Medicare and Medicaid Services (CMS) announced that it approves the launch of IA Health Link (Iowa's Medicaid Modernization initiative) for April 1, 2016. <ul style="list-style-type: none"> Find the Governor's news release here. Read the Letter from Iowa Medicaid Director Mikki Stier here. Read the Letter from CMS here. MCOs will distribute enrollment materials to new members within 5 business days of receipt of member enrollment selection. The Medicaid Managed Care handbook will be included in the enrollment packet and includes information about the program in general, timelines, member rights and responsibilities, and how the program works. Each MCO will have a one page flyer in the handbook as well. It can be found at the Medicaid Modernization Webpage. Each member will have two ID cards- 1 Medicaid card which they will continue to use for dental or fee-for-service, and 1 MCO card. Any willing provider time frames require MCOs to offer contracts to all existing Medicaid providers. There are two separate timelines dependent on provider type <ul style="list-style-type: none"> Six Month Transition Period- August 31, 2016 Two Year Transition Period- February 28, 2018 All contracted providers shall extend contract offers, at minimum, at the current Agency defined Iowa Medicaid floor. During and after the first six month time period, for in-network providers the Contractor shall reimburse these provider types at a rate that is equal to or exceeds the current Agency defined Iowa Medicaid floor, or as otherwise mutually agreed upon by the Contractor and the provider. Additionally, MCOs must offer Waiver and Long Term Care providers a reasonable rate during the 2 year time period. Dr. Bruner commented about the MCOs intensions and plans to administer EPSDT services and the outreach that is currently being conducted by Title V agencies. The IME Communications distribution list receives the most recent information regarding Medicaid Modernization. If you'd like to subscribe to these email notifications, please email "subscribe" along with your name, organization and contact information to IMECommunications@dhs.state.ia.us. Iowa's Medicaid Modernization website is located here: https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization
<p>Iowa Medicaid Managed Care Organization Panel</p>	<p>Representatives from the three MCOs attended and gave a brief presentation and update. Link to their presentations can be found at the following links:</p> <ul style="list-style-type: none"> UnitedHealthcare PPT AmeriHealth Caritas Iowa PPT Amerigroup Iowa PPT <p>Contact information for the MCOs can be found below:</p> <ul style="list-style-type: none"> Amerigroup Iowa, Inc. <ul style="list-style-type: none"> 1-800-600-4441 AmeriHealth Caritas

- 1-855-332-2440
- [United Healthcare Plan of the River Valley, Inc.](#)
- 1-800-464-9484

UnitedHealthcare

- UnitedHealthcare Community Plan of Iowa will managed care for Iowans with developmental disabilities, chronic medical conditions and/or low incomes including:
 - *hawk-i*
 - Iowa Wellness
 - Iowa Marketplace Choice
 - Family Planning
 - Seven home and community-based services waiver programs:
 1. AIDS/HIV
 2. Brain Injury
 3. Elderly
 4. Children's Mental Health
 5. Health and Disability
 6. Intellectual Disability
 7. Physical Disability
- UnitedHealthcare's Community-Based Case Managers develop and maintain a person-centered care plan, facility access to care, assess each member to customize care, and coordinate services.
- CommunityCare is an online coordination care-planning tool accessibly to members and the service coordination team. It allows the member to coordinate their care plan, approved authorizations, medication list, test and screening results, and email communication with their care team.
- Visit www.unitedhealthcareonline.com to determine member eligibility and benefits, request prior authorizations, submit claims, check claims status, submit claim reconsiderations, register a change in demographics, and attend trainings.

AmeriHealth Caritas

- AmeriHealth Caritas Iowa is a member of the AmeriHealth Caritas Family of Companies, a leading national MCO. AmeriHealth Caritas is headquartered in Philadelphia and is one of the largest MCOs in the United States with over 30 years of experience. It operates in 16 states and is touching over 6.9 million lives.
- AmeriHealth Caritas Iowa has an Integrated Health Care Management (IHCM) program that is a holistic solution that uses a population-based health management program to provide comprehensive care management services. It allows members to move seamlessly from one component to another, depending on their unique needs. The IHCM program includes assessment, treatment and other care planning, as well as service coordination of physical health with many additional services.
- A care coordinator will maintain at a minimum monthly contact with the member either by phone or in-person. The care coordinator will work with providers to deliver a member-centered approach for integrated care across the spectrum of physical, behavioral health, facility or home-based care needs.
- During the first year, with the exception of long-term supports and services, residential services and certain services rendered to dual diagnosis populations, AmeriHealth Caritas Iowa shall honor existing authorizations for covered benefits for a minimum of 90 calendar days, without regard to whether such service are being provided by in-network or out-of-network providers., when a member transitions to AmeriHealth Caritas Iowa from another source of coverage. Additionally, they shall honor existing exception to policy granted by DHS for the scope and duration designated. After one year of the contract start date, they shall honor existing authorizations for a minimum of 30 calendar days when a member transitions to the plan from another source of

	<p>coverage, without regard to whether services are being provided by in-network or out-of-network providers.</p> <p><u>Amerigroup Iowa</u></p> <ul style="list-style-type: none"> • Amerigroup Iowa gave an update since the last Council meeting. They now have contracts in place with Iowa's largest hospital system, have contracted with over 70% of primary care providers, and have contracted with over 80% of long-term supports and services providers across all waivers and all levels of care. • Amerigroup Iowa is fully staffed with Iowa-based, Iowa-experienced case managers and agreements are in place with over 80% of all existing case management providers. • Regarding continuity of care, all existing authorizations will be honored for 90 days and no waiver service plans will be modified until an annual comprehensive assessment is complete. • Amerigroup Iowa is fully committed to continue Iowa's work in evolving health homes, and they have local and national expertise to support health home development. • Amerigroup Iowa is committed to obtain 40% of their assigned population in a value-based reimbursement model by 12/31/17. <p><u>Q/A</u></p> <ul style="list-style-type: none"> • Discussion took place on the methods the MCOs will use to reduce costs. Coordinating services and focusing on prevention are two key strategies. Amerigroup responded that they intend to expand on the involvement with community-based organizations • A comment was made about the importance of having case managers assist families in the communities, especially those looking for employment and individuals with disabilities. Amerigroup mentioned the Money Follows the Person (MFP) grants to assist people with chronic conditions and disabilities stay in their community. • John Stites mentioned that it took many years for other providers in his community to work with him, and he asked the MCOs if they have a systematic approach to working with other providers. UnitedHealthcare commented that they have transitional case managers that can help practices with integration and care coordination with other providers. There are tools and training programs that they have in place dedicated to this. AmeriHealth mentioned bringing in the entire team for decision support and working very closely with providers.
<p>Preparing Staff for Managed Care-Visiting Nurse Services of Iowa</p> <p><i>Lesley Christensen</i></p> <p>PowerPoint: VNS (Visiting Nurse Services) of Iowa PPT</p>	<ul style="list-style-type: none"> • Visiting Nurse Services of Iowa (VNS) has developed a staff training for transitioning to Medicaid Managed Care, along with a number of handouts. The training has been recorded via webinar and can be accessed at the Iowa Public Health Association website (www.iowapha.org) and then under Hot Public Health Topics - Medicaid Modernization. A direct link to the webinar can be accessed here and the presentation slides can be accessed here. • VNS has developed the following handouts to assist in transitioning to Medicaid Managed Care: <ul style="list-style-type: none"> ○ Using Handouts to Assist Patients ○ Patients: What I Need to Know About My Primary Care Provider? ○ Sample MCO Card Guide - Members ○ Sample MCO Card Guide - Providers ○ MCO Key Contact and General Information • The training is an interactive, competency-based training which includes true/false questions, frequently asked questions, and scenarios of what phone conversations with consumers may sound like. • A "Medicaid Modernization Stakeholder Group" helped develop this training through VNS. The group meets every other Tuesday at VNS in the United Way building from 1:00 – 3:00. If anyone would like to become involved in this group, contact Lesley Christensen at lesleyannc@vnsia.org.

<p>Impact of MCOs on the <i>hawk-i</i> Population</p> <p><i>Dr. Mary Mincer Hansen</i> - Chair, <i>hawk-i</i> Board</p> <p>PowerPoint: Impact of MCO on <i>hawk-i</i> Population PPT</p>	<ul style="list-style-type: none"> • A brief overview was given about Iowa's Children's Health Insurance Program (CHIP) called <i>hawk-i</i>, which provides free or low-cost health care coverage for Iowa children in families with limited incomes. • As of September 2015 there were 37,747 children enrolled in <i>hawk-i</i> and 3,269 children enrolled in Delta Dental- the stand alone dental insurance option that Iowa offers. • Prior to the Medicaid Modernization transition plan, Wellmark and United Healthcare were the health insurance providers that <i>hawk-i</i> members could choose from to receive coverage, and the vast majority selected Wellmark. The <i>hawk-i</i> Board approved contracts for the insurance companies. The other roll of the Board was to look at oversight regarding quality, satisfaction, enrollment numbers, and cost. • When it was announced that contracts had been signed with the MCOs, the <i>hawk-i</i> Board requested the attorney general opinion as to the Board's role, authority, and accountability related to decision about the <i>hawk-i</i> population's insurance coverage. The <i>hawk-i</i> population was in the legislation to be included in the MCOs. • The attorney general sent the Board an advice document that stated that the DHS director can contract with <i>hawk-i</i> insurer's without Board approval. The Board's role is to specify benefits which were done many years previously. The Board was informed that the MCOs will offer the same benefits as previously provided prior to MCO plans. • Background was given on the status with Wellmark and United Healthcare with the CMS delay. Contracts with Wellmark and United Healthcare were termed as of January 1. United Healthcare agreed to provide insurance for all <i>hawk-i</i> enrollees until CMS approval was given. The <i>hawk-i</i> Board expressed concerns that having insureds who were with Wellmark transition to United Healthcare, and possibly a third carrier, would cause confusion and that access to service and pharmaceuticals might be negatively impacted. • A question was asked about Vaccines for Children (VFC), and United Healthcare responded that the MCOs are responsible for paying for VFC, and that VFC cannot be used for non-Medicaid children.
<p>Iowa Dental Wellness Plan</p> <p><i>Gretchen Hageman</i> - Dental Wellness Plan Director</p> <p>PowerPoint: Dental Wellness Plan PPT</p>	<ul style="list-style-type: none"> • An overview of the Dental Wellness Plan was given. The Iowa Health and Wellness Plan was enacted during the 2013 Iowa Legislative Session with bipartisan support. This program includes dental services under the Dental Wellness Plan (DWP), administered by Delta Dental of Iowa, which provides care for adults ages 19-64 with an income below 133% of the federal poverty level. • Iowa Medicaid Enterprise (IME) worked closely with Delta Dental of Iowa and key stakeholders to create a plan design that focuses on prevention and incorporates member responsibility. DWP utilizes a unique earned-benefit approach that provides incentives for additional dental care services as well as providing education about the importance of wellness, oral health, and compliance with treatment plans. • The DWP began on May 1, 2014 and continues to serve more than 137,000 Iowans. • Key features of the DWP include: <ul style="list-style-type: none"> ○ A population health management approach to improve the overall oral health of Members by designing care plans to meet specific needs of each member. ○ An earned benefits model which offers coverage for basic services, and allows members to complete specific incentives in order to gain access to other enhanced services. ○ Contract with a commercial dental plan to provide competitive reimbursement rates and reduce administrative barriers. ○ Increase dental provider reimbursement and offer pay for performance components if providers meet specific quality measurements linked to plan goals. ○ A focus on care coordination and member engagement by linking oral health care to physical health care through medical homes and Accountable Care Organizations. This care coordination is similar to that of the I-Smile Program. • The DWP provides comprehensive dental services that allow members to earn

	<p>additional benefits when they receive dental care every 6-12 months. See slide 6 for a list of the benefits available to members in the Core, Enhanced, and Enhanced Plus categories.</p> <ul style="list-style-type: none"> • About 37% of members churn on and off of the DWP. If the member falls off the DWP, they have 1 year before they start over in the earned benefit schedule. • Iowa is very unique in that we are the only state that utilizes this earned benefit model. Iowa has been featured in a number of national publications and national experts are very interested in seeing the outcomes of the DWP. • DWP members will complete an Oral Health Risk Assessment on an annual basis which facilitates data collection to demonstrate population health improvements. The assessment will also provide results to assist dentists with creating customized treatment plans. <ul style="list-style-type: none"> ○ In 2014, 15,784 members completed a risk assessment ○ In 2015, 25,049 members completed a risk assessment ○ So far in 2016, 3,854 members have completed a risk assessment • Providers continue to join the DWP and 95% of those that have joined are seeing members. A small percentage of providers (5%) believe the reimbursement rate is too low and have left the DWP. Over 30% of DWP providers have seen over 100 members. • A Request for Proposal (RFP) was released in November for DCW Member and Community Outreach. Applicants were limited to Maternal and Child Health (MCH) Title V Contractors who are already familiar with establishing dental homes for children. 19 Title V contractors were awarded the RFP and the contract period is January 30, 2015 – June 30, 2017. The scope of work for the RFP includes: <ul style="list-style-type: none"> ○ Increasing member and community understanding and awareness of the DWP, in addition to making the program successful with collaboration from community partners. ○ Creating a system that provides coordination of dental homes for adults by linking community partners, dental providers, health care providers (including emergency room departments) and members to achieve program goals of the DWP. • Current data from the tiered earned benefits shows that: <ul style="list-style-type: none"> ○ 21% of members are in Enhanced benefits ○ 15% of members are in Enhanced Plus benefits ○ 49% of members on the program for 18 months have received dental services and almost 50% have earned Enhanced or Enhanced Plus benefits ○ 135,002 members are enrolled with an average of 8 visits per member • A question was asked about dentists providing medication. Dentists must be enrolled with Iowa Medicaid to do any prescribing and the Managed Care Organization will pay for the prescription- DWP does not pay for any prescriptions.
<p>Iowa's Managed Care Ombudsman Program</p> <p><i>Kelli Todd</i> <i>Kelsey Zantingh</i></p> <p><i>PowerPoint:</i> Iowa's Managed Care Ombudsman Program PPT</p>	<ul style="list-style-type: none"> • The Office of the State Long-Term Care Ombudsman is authorized by the federal Older Americans Act and the state Older Iowans Act. It operates as an independent entity within the Iowa Department on Aging. • The term “ombudsman” means “one who receives, investigates reports on and helps settle complaints.” • Iowa's Managed Care Ombudsman Program was designated by Senate File 505 with the following duties: <ul style="list-style-type: none"> ○ Assist with understanding services, coverage, and access provisions as well as member rights under Medicaid managed care ○ Provide advice and assistance related to the preparations and filing of complaints, grievances, and appeals and the state appeals process ○ Track and report on outcomes of individual request for assistance, obtaining necessary services and supports, and other aspects of services provided. • The mission of Iowa's Managed Care Ombudsman Program is: “Through advocacy, self-

	<p>empowerment and education by the Managed Care Ombudsman Program, each Medicaid managed care member in Iowa will be treated with dignity and respect and will have his or her rights honored.”</p> <ul style="list-style-type: none"> • The Managed Care Ombudsman Program is authorized to advocate for the rights and wishes of Medicaid managed care members receiving care in health care facilities, assisted living programs and elder group homes, as well as members enrolled in the HCBS Waiver Programs. • The role of the Managed Care Ombudsman Program is to provide: <ul style="list-style-type: none"> ○ Education and information ○ Advocacy and outreach ○ Appeals assistance and compliant resolution ○ Data collection and reporting ○ Systemic collaborations • Medicaid managed care members have many rights listed on slides 11 and 12. • An overview was given on the process for filing complaints, grievances and appeals. The Managed Care Ombudsman Program is available to assist members through any part of this process. • A question was asked about how the Managed Care Ombudsman Program works with people with disabilities. Iowa Legal Aid and Disability Rights Iowa (DRI) are key partners they work with for this population. • Bill Stumpf asked how long the process typically takes. There are specific timeframes for the MCOs. It could be up to an eight month process especially if they are granted extensions. • Discussion took place about the data collection and reports that the Managed Care Ombudsman Program will run. This is a new program and it is still evolving, however they would like to have a monthly report, an external quarterly report and an annual report. • A comment was made that the population Managed Care Ombudsman Program serves is very vulnerable and has a high need for support. The size of the population the program is serving is around 57,000 members.
<p>Legislative Update and Discussion</p> <p><i>Amy Campbell</i> - Advocacy Cooperative</p>	<ul style="list-style-type: none"> • This legislative session, a Medicaid Managed Care Oversight Bill was introduced. The bill was introduced as Senate File 2107, and an amendment was released and is now Senate File 2213. A summary of the bill was given. The overall goal of the bill is to ensure a well-designed strategic plan and effective oversight of the Medicaid managed care program. Additionally, the bill: <ul style="list-style-type: none"> ○ Directs DHS to convene a Program Integrity Workgroup tasked with conducting reviews and providing recommendations regarding the Medicaid Modernization initiative. ○ Creates a Medicaid Reinvestment Fund, which would serve as a repository for uncommitted Medicaid funds, including any savings realized from Medicaid managed care and any excess capitation rates paid to MCOs that get recouped at the end of the fiscal year. The money held in the Reinvestment Fund would then provide funding for various program protections and improvements, including ensuring adequate provider payments and funding the ombudsman program. ○ Provides additional duties to the Office of Long-Term Care Ombudsman related to providing advocacy services and assistance for Medicaid recipients who receive long-term services and supports. ○ Directs the Medical Assistance Advisory Committee (MAAC) to establish five subcommittees: <ul style="list-style-type: none"> ▪ Stakeholder Safeguards Subcommittee ▪ Long-Term Services and Supports Subcommittee ▪ Transparency, Data, and Program Evaluation Subcommittee ▪ Program Integrity Subcommittee

	<ul style="list-style-type: none"> ▪ Health Workforce Subcommittee • Directs the Patient-Centered Health Advisory Council to: <ul style="list-style-type: none"> ○ Review and make recommendations regarding the building of effective working relationships and strategies that support state-level and community-level integration and provide cross-system coordination and synchronization among the various services sectors, providers, agencies, and organizations to address social determinants of health, further holistic well-being, and meet population health goals. ○ Assess and make recommendations...to more appropriately align health delivery models and service sectors, including but not limited to public health, aging and disability services agencies, mental health and disability services regions, social services, child welfare, and other sectors, into a more integrated, holistic prevention-based, and population health-based infrastructure. Such assessment and recommendations shall include a review of funding streams and recommendations for blending and braiding funding to support prevention and population health strategies to address the holistic well-being of the population. ○ Assist in efforts to evaluate the health workforce and identify barriers to gaps in health workforce development programs and health workforce data in order to provide foundational, evidence-based information to inform policymaking and resource allocation. ○ Submit the report to the department and the general assembly by December 15, 2016 and annually thereafter.
Topic Planning for Next Meeting	Agenda items for the May meeting may include MCO updates, discussion on the Councils role in Senate File 2213, and review the Council's recommendations.
The next meeting is Friday, May 20th, 9:30 – 3:00 at the Iowa Hospital Association	

2016 Meeting Schedule

- **Friday, May 20th, 2016- Iowa Hospital Association**
- **Friday, August 12th, 2016- Iowa Hospital Association**
- **Friday, November 4th, 2016- Iowa Hospital Association**